11.7%) and 98.3% (SD 9.7%) in those lasting more than 12 months (p=0.327).

Conclusion and relevance Adherence to CFTR modulators is higher than observed for other drugs in CF patients, but there is a need to study whether adherence with these drugs is maintained in the long term. Although there were no differences in adherence according to the length of treatment, the only patient considered non-adherent was on treatment greater than 12 months.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-198 THE IMPACT OF A PHARMACIST-LED MEDICATION REVIEW ON THE MEDICINE RISK SCORE: A NON-RANDOMISED CONTROLLED STUDY

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10.1136/ejhpharm-2022-eahp.199

Background and importance Multiple studies have shown that pharmacist-led medication reviews can reduce and prevent drug-related problems. Medication reviews require great economic resources and, consequently, the pharmacists need to prioritise the patients who would benefit the most from a medication review. A group of researchers have designed an algorithm called Medicine Risk Score (MERIS) to identify patients who are at increased risk of experiencing medication errors.[1] Even though the algorithm has been used regularly in the selection of patients for medication review, the impact on the patients' MERIS-scores has not yet been investigated.

Aim and objectives To investigate the impact of a pharmacist-led medication review on the MERIS-score for hospitalised patients.

Material and methods In a controlled, prospective study the MERIS-scores for patients who underwent a pharmacist-led medication review (intervention group – Hospital A) were compared with the MERIS-scores for patients who did not undergo a medication review (control group – Hospital B). Additionally, it was investigated to what extend a change in the MERIS-score was related to the drug-related problems identified. Participants: patients without a medication review in recent months and a MERIS score ≥14, admitted to a medical or cardiology department at two local hospitals. Primary outcome: change in MERIS-scores calculated as the difference in MERIS-score before medication review and 1½ days after.

Results A total of 54 patients were included in the intervention group and 162 patients in the control group. By comparing the changes in the MERIS-scores, no statistically significant difference between the two groups was observed (p=0.84). Of the drugs included in the identified drug-related problems, slightly over 50% had a potential risk of harm or interaction, which influenced the MERIS-score. However, only 17.2% of the drugs would, if the recommendations were implemented, lead to changes in the MERIS-scores.

Conclusion and relevance A pharmacist-led medication review does not seem to have an impact on the MERIS-score for hospitalised patients. Further studies are needed to identify interventions that can reduce patient risk of medication errors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

4CPS-200 EFFECTIVENESS OF ERENUMAB AND GALCANEZUMAB IN THE PREVENTION OF MIGRAINE

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10.1136/ejhpharm-2022-eahp.200

Background and importance Migraine is a disease with a high personal and socioeconomic impact. The new prophylactic treatments erenumab and galcanezumab showed benefits versus placebo with few side effects.

Aim and objectives To evaluate the effectiveness of erenumab and galcanezumab by changing the MIDAS score and reducing the number of migraine episodes 12 weeks after starting treatment.

Material and methods Retrospective descriptive study of patients who started treatment with erenumab or galcanezumab since their inclusion in the Hospital's Pharmacotherapeutic Guide (10 March 2020), complying with the funding criteria and the use criteria established by the Pharmacy and Therapeutics Commission, and who have been in treatment for at least 12 weeks (end of study 23 April 2021). The main variable is combined and includes reduction of MIDAS scale by 30% when the baseline score was > 20 or ≥5 points when the baseline score was 11–20 and/or reduction in the number of monthly migraines of at least 50%, both variables at 12 weeks of treatment.

Results 74 patients, 82.4% women with a median age of 47 (IQR 14) years. 66.2% with chronic migraine, with a median number of monthly migraines of 15 (IQR 15) and a median MIDAS score of 76 (IQR 67). 48 (65%) patients started treatment with galcanezumab and 26 (35%) with erenumab. The main variable was reached in 62 patients (83.8%). Eight no-responder patients continued with the treatment. At week 24, 6 of them reached effectiveness.

At week 12, 7 patients (9.5%) stopped treatment, 6 due to lack of response, although 2 of them had reached one of the variables of the main variable, and 1 patient due to a suspected allergic reaction. According to the type of migraine (chronic or episodic) and the prescribed drug, there were not statistically significant differences in the main variable. Switch of treatment was done in 13 patients (17,5%) mainly due to lack of effectiveness.

Conclusion and relevance The effectiveness of the treatments at 12 weeks is high (83,8%). Two-thirds of the patients who did not reach the main variable continued with treatment and 75% of them achieved effectiveness at 24 weeks; so it seems that some patients may need a longer time in which to reach a response.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest